



RENEE ROW ASSOCIATES
TWINS OF KILBOURN

Housing Application

Apt. _____ (Office Use)
Lease Term: _____

Name _____ Phone _____

Present Address: _____

Social Security Number: _____

E-mail Address: _____

Do you give Renee Row Apartments permission to obtain information regarding your conduct in the dormitory YES _____ NO _____

Indicate current year at Marquette University: _____

Indicate below who will be sharing the apartment with you at Renee Row

_____	_____
<i>Name</i>	<i>Age</i>
_____	_____
<i>Name</i>	<i>Age</i>
_____	_____
<i>Name</i>	<i>Age</i>
_____	_____
<i>Name</i>	<i>Age</i>
_____	_____
<i>Name</i>	<i>Age</i>

PERMANENT HOME ADDRESS

_____	_____	_____
<i>Street</i>	<i>City</i>	
_____	_____	_____
<i>State</i>	<i>Zip</i>	<i>Telephone</i>

PERSON TO NOTIFY IN CASE OF AN EMERGENCY

_____	_____	_____
<i>Name</i>	<i>Relationship</i>	<i>Telephone</i>
_____	_____	_____
<i>City</i>	<i>State</i>	<i>Zip</i>

Leases are signed in the fall of each year. Qualified applicants who sign a lease with Renee Row Apartments/Twins of Kilbourn agree to pay a security deposit equal to one month's rent at the time of lease signing.

The fair credit reporting act, public law 91508, requires that we notify you that as a part of our normal procedure, a routine inquiry be made. This inquiry will provide applicable information concerning character, general reputation, personal characteristics, and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.

This application is not a rental agreement, contract or a lease. All applications are subject to approval of Renee Row management.

Signature of student

Date

Rank the following in order of preference:

Renee Row

- _____ Two bedroom
- _____ Three bedroom
- _____ Four bedroom

- _____ First floor
- _____ Second floor

Twins of Kilbourn

- _____ Tim's Place
- _____ The Nicole